Health Canada / Santé Canada

Audit and Accountability Bureau

Bureau de la vérification et de la responsabilisation

INTERNAL AUDIT REPORT

Audit of the Data Reported by Health Canada to the Canadian Human Rights Commission

August 2001

Canada

103-05715/

AUDIT REPORT

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Audit Conducted by
Pau & Company
Under the Direction
of the
Audit and Accountability Bureau
Health Canada

Audit Chronolgy

Audit Examinations started	June 2000
Audit Examinations completed	October 2000
Draft Audit Report and Corrective Action Plan Accepted by to the Senior Assistant Deputy Minister	June 2001
Final Audit Report approved by the Chair, Audit and Evaluation Committee	August 2001

Table of Contents

1. INTRODUCTION.....1

2. METHODOLOGY.....2

3. WORKFORCE REPRESENTATION DATA.....3

4. APPOINTMENTS TO THE EXECUTIVE CATEGORY.....5

5. APPOINTMENTS TO THE EX MINUS 1 AND 2 LEVELS IN THE ADMINISTRATIVE AND FOREIGN SERVICE CATEGORY.....7

6. ACTING APPOINTMENTS.....9

7. SELECTION BOARD PARTICIPATION.....10

8. TRAINING AND DEVELOPMENT.....15

9. SUMMARY OF FINDINGS AND RECOMMENDATIONS.....18

APPENDIX

Credits

This audit was conducted by **Pau & Company** under the direction of the Audit and Accountability Bureau. The departmental project manager was **Carolyn Jeffrey**, Senior Auditor, under the general direction of **Gordon Peters**, Director. The members of the audit team were as follows:

Henry K. Pau , Principal

Anne Marie Bourgault, Principal

1. INTRODUCTION

In September 1992, the National Capital Alliance on Race Relations lodged a systemic discrimination complaint with the Canadian Human Rights Commission against Health Canada under the *Canadian Human Rights Act*. Following an investigation by the Commission and, after a public hearing, the Canadian Human Rights Tribunal ruled in favour of the National Capital Alliance on Race Relations and ordered Health Canada to implement a number of corrective measures. The objectives of these measures, as stated in the Tribunal Order, were:

(i) to eliminate discriminatory employment barriers for visible minorities in Health Canada;

(ii) to remove discriminatory barriers to the full participation of members of visible minorities in the EX/Senior Management and in the Administrative & Foreign Service categories;

(iii) to ensure the maximum utilization of the knowledge, skills and expertise of members of visible minorities; and,

(iv) to redress the effects of past discrimination and to ensure that Health Canada's organizational structure more accurately reflects its diverse workforce and demographics.

The Tribunal further required Health Canada to report quarterly to the Canadian Human Rights Commission on its progress for a five-year period under Temporary Measure 18. This measure calls for the submission of a report to be filed, within 60 days after the end of every quarter, outlining:

i) The number and percentages of visible minority appointments to the EX/Senior Management and the Administrative and Foreign Service categories;

ii) The number and percentages of visible minority appointments to acting positions to the EX/Senior Management and the Administrative and Foreign Service categories;

iii) The number and percentages of members of visible minorities chosen to sit on selection boards; training sessions offered/delivered; feedback of participants; and, validation of training program content; and efforts made to recruit members of visible minorities for the EX/Senior Management and Administrative and Foreign Service categories for indeterminate and term positions during the previous quarter;

iv) A comparison of the participation rate of members of visible minorities in training and development activities to that of the Department's general employee population; and the specific steps being taken to ensure that the

Department's policies and practices are free of employment barriers.

Beginning on October 1, 1997, Health Canada has been providing quarterly reports to the Commission as required.

In June 2000, the Internal Audit Directorate, Corporate Services Branch, engaged Pau & Company Ltd. to review the quantitative data provided to the Canadian Human Rights Commission and to report on the following:

- the timeliness and accuracy of the various source documents used to provide departmental data;
- the methods used to accumulate and consolidate the data each quarter; and,
- the reconciliation process.

The scope of this assignment is limited to a review of the quantitative data reported by Health Canada to the Commission as required by Temporary Measure No. 18 of the Tribunal Order. No attempt was made to assess the extent of the Department's compliance with the intent or spirit of the Order.

2. METHODOLOGY

Temporary Measure 18, makes it quite clear that the Tribunal Order's reporting requirements are focussed on four areas:

- indeterminate appointments of members of visible minorities to the Executive Category and to the feeder groups at the EX minus 1 and minus 2 levels of the Administrative and Foreign Service Category;
- acting appointments for members of visible minorities to the above-mentioned categories in order to provide the necessary experience for advancement to senior levels;
- selection board participation by members of visible minorities; and,
- training and development activities for members of visible minorities to assist in their career advancement.

The above indicates that the primary concern is the first area described: the number of indeterminate appointments to the Executive Category and to the Administrative and Foreign Service Category at the EX minus 1 and minus 2 levels. The other three areas can be viewed as activities to support the primary concern of the Tribunal in ensuring that Health Canada achieves a representative workforce at the senior levels.

The review was conducted primarily in the National Capital Region with fieldwork in Toronto (Central Region) and Vancouver (Pacific Region). These three areas represent the highest concentration of visible minority employees at Health Canada.

Complete access to the Department's records was given during our review and cooperation from Health Canada's staff, especially those working in the human resources area, was total and well appreciated.

We also met with the officer from the Canadian Human Rights Commission responsible for monitoring compliance with the Tribunal Order to discuss their concerns with the quarterly reports.

The review commenced in July 2000 and continued through to October. Some delays were encountered due to annual vacations.

3. WORKFORCE REPRESENTATION DATA

As a first step in our review, we undertook to establish the reliability of the Employment Equity (EE) Database. Because it provides the basis for the reporting of visible minority data under the Tribunal Order, we regard it as the appropriate starting point.

The Process

The main source of Health Canada's designated group representation data is the self-identification survey form completed by Health Canada employees. The last survey was held in May 1998. Subsequent new employees to Health Canada's workforce are asked to complete and return a self-identification form upon appointment to the Department; completion is voluntary. Information from these forms is entered into an EE Database that is part of the Personnel Management Information System (PMIS). This database is kept strictly confidential and only accessible by a limited number of employees within the Human Resources Services Directorate. However, a number of individuals whose self-identification forms are recorded in the database had agreed to allow their designated group status to be revealed for planning and employment equity purposes. A list containing the names of those individuals is accessible to a larger population within the Human Resources Services Directorate for use in human resources planning and employment equity initiatives such as training and participation on selection boards.

In order to generate an up-to-date workforce representation list, the PMIS matches the data on employees in its database with the records in the EE Database for those who have self-identified. The EE Database also includes designated group members who:

- did not complete a new survey form in May 1998 but had already self-identified previously and whose completed forms were maintained on file;
- self-identified on their application for employment form; and
- were added after a reconciliation with Treasury Board Secretariat's EE Database.

The Review

We verified the data on 100 or 15% of the 657 members of visible minorities included in the EE Database as of June 30, 2000, directly to their signed and confidential self-identification form. The steps taken to establish the reliability of the EE Database included:

- reviewing all processes to include designated groups in the EE Database, as mentioned above;
- obtaining a list of all employees, including designated group employees, as of June 30, 2000;
- verifying the numbers for the total workforce and visible minority employees against the June 30, 2000 workforce analysis;
- randomly selecting self-identified visible minority employee names from the employee list obtained from the database and comparing these employees against their signed self-identification form;
- randomly selecting self-identification forms from members of visible minorities and tracing these to the EE Database to ensure their inclusion in the database;
- reviewing the self-identification forms of all EX visible minority employees, as of June 30, 2000; and,
- reviewing the data on approximately 10% of visible minority employees identified in the training report covering the April 1 to June 30, 2000 period.

Findings

The EE Database was found to be accurate and reliable. The forms are kept in a secure depository and the database is protected to maintain the strict confidence as required by the *Employment Equity Act*.

However, in a few instances, visible minority employees who had completed a self-identification form upon being appointed and were, therefore included in the EE Database, did not appear on the employee list generated by PMIS. Consequently, they are not included in the workforce analysis representation data. This delay in recording the employees in the PMIS was caused by the length of time it takes to complete the pay transfer documentation between departments which sometimes took months, we were told.

An example is a visible minority employee who was transferred to Health Canada in May 2000 and immediately completed the self-identification form. However, the pay transfer transaction was not completed until August. Consequently, this person was counted as a new appointment in the Canadian Human Rights Commission report but was not included in the representation of visible minority employees in the workforce analysis as of June 30, 2000.

This means that the report to the Canadian Human Rights Commission was correct insofar as appointments are concerned while the visible minority representation was understated at that point. Because this time lag will eventually correct itself, it is not deemed to be of serious consequence. Once the accuracy of this database was established, we relied on it for our subsequent work.

4. APPOINTMENTS TO THE EXECUTIVE CATEGORY

The Process

For this part of the review, we focussed on the data reported to the Canadian Human Rights Commission in respect of TM-1, "Appointments to the EX Category" during the second full year of compliance, i.e., from October 1, 1998 to September 30, 1999.

Staffing action involving the Executive Category remains the purview of the Public Service Commission, staffing records and data concerning this Category and are handled by the Executive Services and Priority Referral Clearance Centre within the Human Resources Services Directorate. For reporting purposes, data on staffing activities concerning the EX Category are forwarded by this unit to the Project Management Manager on a quarterly basis for assembly into the report to the Canadian Human Rights Commission.

As indicated earlier, the records in the PMIS are transaction-oriented and a time lag sometimes occurs that resulted in understating representation temporarily. Therefore, information from the PMIS is adjusted before being used for quarterly reporting.

The Review

During the second full year of compliance, Health Canada reported to the Canadian Human Rights Commission that there were 26 appointments to the Executive/Senior Management Category of whom 5 were members of visible minorities.

This information is confirmed by the Executive Services and Priority Referral Clearance Centre unit which provided us with a list of the 22 appointments to the EX Category and 4 appointments to the Senior Management (EX Equivalent) Category from October 1, 1998 to September 30, 1999. Among those listed were 5 visible minority appointees.

Our attempt to verify the list of 26 appointees by name against the publicly available information posted on the Internet under Government of Canada Electronic Directory Service\Health Canada, proved to be of no avail as the listing on the Internet at the time of the review was hopelessly out-of-date.

We then verified all 26 appointments against the PMIS and found a number of discrepancies due to timing differences. Subsequently we verified the respective appointment dates indicated on a more recent employees' list and found that these appointments were substantiated. We then traced the 5 visible minority appointees by name to their signed self-identification forms.

Findings

We find that the current process is reliable in capturing the appointments to the Executive Category.

During our review, we found that the 26 appointments to the EX and Senior Management Category, including the 5 members of visible minorities under TM-1 as reported to the Canadian Human Rights Commission, were fully substantiated. However, one appointee's designated group status required a follow-up as that individual came from another department and the self-identification form was not immediately filed. Nevertheless, this was rectified by a Human Resources Advisor and the data proved to be accurate and complete.

5. APPOINTMENTS TO THE EX MINUS 1 AND MINUS 2 LEVELS IN THE ADMINISTRATIVE AND FOREIGN SERVICE CATEGORY

The Process

Each quarter, the System Planning Administration and Research Division of the HR Services Directorate responsible for the PMIS, generates a quarterly summary report by Branch for the Project Management Manager who is responsible for compiling the reports to the Canadian Human Rights Commission. The manager circulated these back to the responsible branch Human Resources Advisors for verification and correction. Before compiling the report for submission to the Canadian Human Rights Commission, adjustments for transactions not reflected in the PMIS database were made. These involved primarily Career Assignment Program (CAP) candidates who were considered part of the feeder group to the EX Category or other transactions that were not recorded in the PMIS in time.

The adjusted information was then aggregated and assembled into the quarterly reports for the Canadian Human Rights Commission.

The Review

During the second full year of compliance, Health Canada reported to the Canadian Human Rights Commission that it made 84 appointments to the Administrative and Foreign Service Category at the EX minus 1 and minus 2 levels, 19 of whom were members of visible minorities.

We independently obtained a series of reports that were generated directly from PMIS for this period. These confirmed that 84 appointments took place during this period. All the staffing activities involving members of visible minorities, whether as appointees or selection board members, were earmarked for verification. Competition files for all staffing activities appointing members of visible minorities were examined, including those in Toronto and Vancouver. All visible minority appointees were checked against the EE Database for verification of their visible minority status and then traced directly to the self-identification forms bearing the member's signature.

Findings

Based on the above, we find that the 19 appointments which went to members of visible minority groups out of the total 84, as reported to the Canadian Human Rights Commission, were reasonably accurate. All 19 appointees were traced and verified against their signed self-identification forms.

In terms of gathering and preparing the information for the quarterly reports to the Canadian Human Rights Commission, we found the process to be cumbersome and time-consuming with much manual work that could be streamlined.

The basic source of data for reporting under temporary measures involving staffing actions such as TM-1 to TM-6, is the PMIS. It also forms the basis for reporting on selection board participation by members of visible minorities. As described above, a series of reports was generated listing all the activities under each measure, identifying the incumbents and specifying whether or not the individual is a member of a visible minority group. A separate set of reports was generated to cover selection board data. These reports were sent by the Manager of Project Management to all the responsible Human Resources Advisors at headquarters and in the regions for verification and confirmation. We found that quite often these reports came back with handwritten corrections or e-mails to reflect staffing actions that, for one reason or another, did not appear on the PMIS reports. These adjustments were then incorporated and the data aggregated manually to form the quarterly report for submission to the Canadian Human Rights Commission.

In one instance, we noticed that more than 40 electronic mail messages were used to communicate data information for the second quarter report alone. As well, it appeared to be a necessary process although fraught with frustrations.

While the reports were submitted to the Canadian Human Rights Commission on a timely basis, we found that regular reconciliations were not performed, nor were differences brought forward from one period to the next.

We also found that the PMIS has the potential of producing the reported data easily, if it was kept up-to-date and a systematic reconciliation process was incorporated in it. This could avoid a great deal of missing information that was reported orally or via electronic mail under the current arrangement.

Our view is that the detailed information from the PMIS could easily be generated in machine-readable format and manipulated electronically using an electronic spreadsheet. This could eliminate a great deal of manual work and facilitate a reconciliation process to improve accuracy.

Recommendation

We recommend that greater emphasis be placed on keeping the PMIS database up-to-date to avoid the need for consultations and verifications with responsibility centre staff every quarter and the manual adjustment process that followed.

We suggest that the print-outs from the PMIS be reformatted into electronic spreadsheets to facilitate the gathering, consolidation and report-generating efforts so that the manual process can be avoided.

We recommend the maintenance of continuous records of the reconciliation process to account for

any variances between the PMIS database records and adjustments for the data reported to the Canadian Human Rights Commission and that reconciling data and reports be carried forward from quarter to quarter.

6. ACTING APPOINTMENTS

The Process

This measure is intended to provide supervisory/managerial experience for visible minority employees to assist them in future advancement to management positions. As specified by the Tribunal Order, Health Canada is required to report on acting appointments lasting more than four months from the following feeder groups to the specified categories:

Temporary Measure	From	To Acting Appointments In
TM-3	S & P	EX/Senior Management Category
TM-4	A & FS	EX/Senior Management Category
TM-5	S & P	EX minus 3 and minus 4
TM-6	A & FS	EX minus 3 and minus 4

Note: S & P = Scientific and Professional Category
A & FS = Administrative and Foreign Service Category

The Review

Our review covered all the acting appointments reported during the second year of compliance as follows:

- under TM-3 (S&P to EX/Senior Management Category) Health Canada reported that four out of the six acting appointments under this measure went to visible minority employees. We reviewed the PMIS record and identified the four visible minority appointees. Each of them has been traced to the EE Database and verified;
- for TM-4 (A & FS to EX/Senior Management Category) , Health Canada reported six acting appointments of which one went to a member of a visible minority. The PMIS record confirmed this appointment and the identity of the visible minority employee has been tracked and matched on the EE Database;
- for TM-5 (S & P to EX minus 3 & 4), no acting appointments were reported; and,

- for TM-6 (A & FS to EX minus 3 & 4), ten acting appointments were reported with two members of visible minorities participating. The identities of the two visible minority employees have been verified with the EE Database.

Findings

The data reported to the Canadian Human Rights Commission on acting appointments contained relatively few appointments, but were reasonably accurate.

7. SELECTION BOARD PARTICIPATION

The Tribunal directed Health Canada, in Permanent Corrective Measure No. 2, as follows: "Where possible HC should use selection boards that are diverse in its composition." However, the Tribunal did not prescribe a participation rate as a benchmark for compliance.

Under the reporting requirements specified in TM-18, the Tribunal required the reporting of "the number and percentage of visible minorities chosen to sit on selection boards."

Health Canada has adopted a method for reporting on this measure which reflect the following "protocol":

- participation rates are computed on the total number of board members where one member's presence in a process involving one appointment counts as one participation. Where two appointments were made on the same competition, the participation of that board member counts as two in two processes and so on; and
- all appointments that do not normally require a full-fledged selection board are deemed to have a *de facto* selection board. Thus, one board member (single-member boards) was counted for each staffing processes that either did not call for a full-fledged selection board or did not require one. The rationale was that even though no multiple-member board was constituted and no board members were chosen, a manager had taken a decision and, in so doing, acted in a manner of a single-member selection board.

Health Canada has used this approach to report on selection board participation under each of the Temporary Measures to the Canadian Human Rights Commission. The quarterly data were reported on a non-cumulative basis.

The Process

Selection board data pertaining to Temporary Measure 1, Executive/Senior Management appointments, were collected by the Executive Services and Priority Referral Clearance Centre from the Public Service Commission which administers the competitions and appointments for the EX Category. For other types of appointments, the data were generated from the PMIS for the

Manager of Project Management who then circulated them to the respective responsible Human Resources Advisors for verification. The consolidation process for the quarterly report to the Canadian Human Rights Commission was done manually and no continuing reconciliation process was in place.

The Review

For our review, we have extracted the data on selection board participation under each of the Temporary Measures 1 to 6 from the four quarterly reports to the Canadian Human Rights Commission. These are reflected in the following table, followed by our comments on the review of each of the measures:

Selection Board Participation
October 1, 1998 to September 30, 1999

Temporary Measure	Selection Processes	Selection Board Members									
		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total	
		Total	VM	Total	VM	Total	VM	Total	VM	Total	VM
1	26	5	1	12	1	8	2	35	8	60	12
2	84	23	2	41	1	32	4	67	14	163	21
3	12	0	0	0	0	5	0	7	0	12	0
4	6	2	0	2	0	1	0	1	0	6	0
5	5	2	0	0	0	0	0	4	0	6	0
6	9	5	1	3	0	2	0	3	0	13	1
All	142	37	4	58	2	48	6	117	22	260	34

Temporary Measure 1

For TM-1, which are appointments to the Executive/Senior Management Category, as reported by the Executive Services and Priority Referral Clearance Centre, all 12 visible minority participants were either verified against the EE Database at Health Canada or, for visible minority board members who were not Health Canada employees, based our personal knowledge of the two individuals involved.

Temporary Measure 2

For selection boards under this measure, we encountered discrepancies when we independently called up data from the PMIS Database. We found that PMIS showed only 142 board members among 78 selection processes compared with 163 members on 84 selection process as reported to the Canadian Human Rights Commission. Our examination also revealed that 10 of the selection processes recorded on PMIS showed "NO SELECTION BOARD ON FILE".

We were able to access the ten staffing files to re-construct the missing information. This effort established that these files should have reflected 13 board members with no visible minority

participation among them. This adjustment brought the total to 156 with 23 visible minority participations. We were informed that the difference in the number of staffing processes was due to the likes of CAP assignments which were outside of the PMIS records. While this is reasonable, the two extra visible minority participations shown by the PMIS records were not accounted for as the manual records did not provide sufficient details. Nevertheless, the 23 visible minority participants reported on the PMIS were traced to the EE Database for verification.

Due to the large number of boards in TM-2 and the extensive efforts involved in data compilation, we conducted a more in-depth analysis to ascertain the accuracy and the utility and effectiveness of this process. We noted that the current method of reporting the data by Health Canada focused on the aggregate number of board members even in those instances where staffing was done without a multiple member selection board. The auditors compiled the following table as another means of providing selection board composition to the CHRC:

TM-2 Selection Board Composition by Size for year 2

Board Size (members)	Number of Boards	Total Members	VM Members	% of VM Members	% Boards with VM
1	33	33	0	0.0%	0%
2	18	36	1	2.8%	6%
3	21	63	18	28.6%	85%
4	6	24	4	16.7%	67%
Total	78	156	23	**14.7%**	**30%**
Total of Boards with 2+ members				**18.7%**	**51%**
Total of Boards with 3+ members				**25.3%**	**81%**

First, under Health Canada's current method of counting, one board member was counted for each staffing process that either did not call for a full-fledged selection board, or did not require one. According to PMIS, this type of situation occurred 33 times as shown above. These included activities such as deployments, appointments from an eligibility or priority list, appointments without competition (open to appeal) and appointments under special programs such as the Aboriginal Career Development Initiative "ACDI". In our view, these boards do not fit in with the Tribunal's expressed concern with selection boards that presuppose a choice of members by senior management. Two-member boards are also somewhat questionable, although we did not look into them.

Thus, while the current method of reporting selection board participation adopted by Health Canada showed an average participation rate of 14.7% counting all the single-member boards, the method shown above would show the participation rate to be 18.7% by discarding single-member boards. If we only counted boards with three or more members, as found in the more common competitive process, the rate rose to 25.3%.

For another perspective on board participation, we looked at the "number of boards" to see how

many had a visible minority presence, by looking at the composition of each board as a means of reflecting the Tribunal's concern and intention. As shown on the last column of the foregoing table, Health Canada's performance was in fact quite impressive for having a visible minority presence on selection boards that had three or four members, with percentages of 85% and 67% respectively as shown in the table above.

Temporary Measures 3 to 6

For acting appointments under these measures, the one visible minority participant among 37 board members was successfully traced to the EE Database.

Findings

On the basis of our review, we found discrepancies that pointed to an understated participation rate in the report to the Canadian Human Rights Commission. However, our investigation showed that these discrepancies did not constitute a material difference in the participation rates but the process of data collection needs streamlining.

We found that the data produced by current method of reporting painted an incomplete and possibly misleading picture of Health Canada's performance. Our in-depth analysis of TM-2 selection board composition found that Health Canada had in fact already achieved a high degree of visible minority presence among its multiple member selection boards and that this fact has been obviated under the present method of compiling the data. This is seen in the following table in respect of Temporary Measure 2 pertaining to the appointment of EX minus 1 and 2 positions.

We believe that a different method of reporting, focusing on the frequency of visible minority representation on selection boards (by board size) would be more meaningful, as shown below:

SELECTION BOARD COMPOSITION: TM-2 for Year 2

Size of Selection Boards	Selection Boards with Visible Minority Presence	% of Selection Boards with Visible Minority Presence
Single member*	0 among 33	0%*
Two members *	1 among 18	6% *
Three members	18 among 21	85%
Four members	4 among 6	67%

* Probably did not involve choice of members.

While the foregoing analysis focused on the composition of selection boards under TM-2 (appointments at the EX minus 1 and 2 levels), the composition of selection boards for TM-1 (appointments to the Executive/Senior Management Category) showed a similar pattern.

We have not found a computerized inventory of suitable members of visible minorities available for selection board duty. However, listings of potential board members with language results and bias-free info are produced on a quarterly basis and distributed to all HR Directors. We are satisfied that a Task Force on Selection Boards, made up of a team of human resource and informatics managers, is in the process of testing a computerized inventory that Human Resource Advisors can eventually call on.

We were informed that visible minority selection board members might not be as readily available as others. We noted that in the fourth quarter, for example, 5 visible minority members sat on 8 boards, with one participating on three separate boards in three months. In other cases, some members of visible minorities expressed concern about last minute calls and inadequate time to properly prepare to serve on some boards. These and other problems such as "board-fatigue" are undoubtedly the type of issues that the newly-created internal "Task Force on Selection Boards" would be addressing.

We found an instance where a visible minority board member who was not a Health Canada employee self-identified on an Application Form for Employment in one of the competition files we examined. We note that the lack of proper forms for board members from outside of Health Canada to self-identify is an issue that is among those being addressed by the "Task Force on Selection Boards" at Health Canada.

Recommendations

Increased participation of visible minorities in selection boards was one of the recommendations in the action plan: "Embracing Change" from the Treasury Board Task Force on the Participation of Visible Minorities in the Federal Public Service which has now been formally adopted by the federal government in June 2000. Given Health Canada's considerable experience on this matter, we recommend that it should maintain its lead by fine-tuning the process.

Health Canada should re-examine the current method of reporting on the participation numbers and percentages of visible minority board members. The reporting basis should be the frequency of visible minority representation on selection boards of various sizes.

Further research could focus on the type of boards with high degree of desired presence to identify the "best practices" and apply these to selection boards with low presence as remedial action.

An inventory of qualified potential selection board members belonging to visible minority groups should be established expeditiously.

The PMIS should become the central repository of up-to-date and comprehensive data for

selection boards. Periodic reviews and regular reconciliations of the relevant data for reporting purposes should be undertaken and proper records maintained.

8. TRAINING AND DEVELOPMENT

The Process

The Tribunal Order requested that Health Canada provide them with "a comparison of the participation rate of members of visible minorities in training and development activities to that of the Department's general employee population" as part of their quarterly report. This measure is a supporting activity aimed at providing visible minority employees with training and development opportunities that will enable them to acquire some of the skills required for advancement to management jobs.

The Canadian Human Rights Commission and Health Canada had, for the purpose of monitoring compliance, agreed upon the courses to be reported on and grouped these courses under 13 themes. All the courses agreed upon are delivered by Health Canada and do not include courses delivered by third parties, such as the Canadian Centre for Management Development (CCMD). The courses agreed upon also do not include those not considered relevant to the purpose of this measure, such as, word-processing.

Employees registering for training and development courses in the National Capital Region and Manitoba do so through an on-line system. This system also includes a self-identification screen for designated group members, which can only be viewed by those responsible for EE data. Participant lists, for specific courses, are drawn up from the information on the on-line system prior to the course date and at the course site, participants are asked to sign attendance sheets. These sheets are then sent to the Learning Centre d'apprentissage systems co-ordinator who reconciles the information for each course taking into account "no shows" and substitutes.

Reports for the Canadian Human Rights Commission are generated by matching the Learning Centre d'apprentissage data system to the EE Database thereby identifying designated group members and calculating their participation rate.

In the regions, with the exception of Manitoba, registration statistics are gathered manually and forwarded to Human Resources at headquarters for inclusion in the training report. Headquarters human resources staff verify all course participants to ascertain whether or not they are members of designated groups. They then manually incorporate regional data into training reports.

The Review

Our review of the accuracy of the training data covers the period April 1 to June 30, 2000. This period was chosen because of the need to verify information on specific courses and attendance with training officers who are more familiar with recent data and training events. We also selected data for one quarter as a significant number of courses were delivered in that period.

The review of the accuracy of the training data included the following:

- a review of the process in the NCR and regions;
- verification of the training lists in Toronto and Vancouver;
- verification of data received from regions and incorporated into quarterly training reports;
- request for special report for the quarter being reviewed by course title and by date in the NCR;
- review of course participant attendance lists against the NCR report by course title and date;
- comparison of names in reports by course title and date to the reports generated by theme and branch used for the quarterly report;
- accuracy of cumulative data from last quarter to the one under review; and,
- review of self-identification forms for selected visible minority employees identified in reports.

Findings

For our review, we asked for a print-out of the NCR courses and participants for the period April 1 to June 30, 2000. It showed 683 course participants while the report used for the quarterly report to the Canadian Human Rights Commission showed 633, representing a variance of 50 participants.

HR personnel undertook an investigation of this variance. A sample review of 10 (or 20%) of the discrepancies found that five of them were not employees (students, agency personnel, etc); three were attributable to errors within the system and 2 were course participants who registered using the wrong PRI. Theses individuals were, therefore, not included in the report generated for the Canadian Human Rights Commission. Discarding participants who were not employees, , this discrepancy represented an under-reporting of course participants of about 4% to Canadian Human Rights Commission during this review period. While the precise impact on visible minority participation of this under-reporting is not known, the magnitude of the error is not considered to be material and is on the conservative side. For these reasons, we have decided not to pursue this matter any further.

Overall, the process to gather basic data is reasonably effective, however, the program to generate the reports needs some adjustments to improve accuracy. The current process of consolidating data from the regions is time-consuming and could leave room for error.

Discrepancies were also detected in the data provided to Headquarters staff by the Central Region and the report to the Canadian Human Rights Commission. However, after further review, it was found that employees from the Central Region had, in fact, attended the courses in the NCR and

the Central Region report had reflected that.

The omission of employees taking part in courses from sources other than Health Canada, such as CCMD, possibly understates the total efforts regarding management training but the impact for visible minority employees is unknown.

Recommendations

It is recommended that the regions adopt an on-line registration process and reporting system similar to the one established in the NCR and Manitoba.

9. SUMMARY OF FINDINGS AND RECOMMENDATIONS

Workforce Representation Data

The EE Database was found to be accurate and reliable. The forms are kept in a secure depository and the database is protected to maintain the strict confidence required by the *Employment Equity Act*.

However, in a few instances, visible minority employees who had completed a self-identification form upon being appointed did not appear on the employee list generated by PMIS due to the length of time it took to complete the pay records.

Quarterly Data Collection and Aggregation (Temporary Measure no. 1 to 6)

The current method of gathering and consolidating data involved a very cumbersome and time-consuming process. While the detailed information is generated from the PMIS, any further processing has been done by hand on a quarterly basis.

Reconciliations were not performed or brought forward from one period to the next.

We recommend that greater emphasis be placed on keeping the PMIS database complete, up-to-date and capable of providing accurate data for the quarterly reports without extensive adjustments and cross-references with responsibility centre staff.

We would suggest that the reports from the PMIS be reformatted into electronic spreadsheets to facilitate the gathering, consolidation and report-generating efforts so that the manual process can be avoided.

We recommend the maintenance of continuous records of the reconciliation process to account for any variances between the PMIS database records and adjustments for the data reported to the Canadian Human Rights Commission.

Appointments to the Executive Category (Temporary Measure no. 1)

We find that the current process is reliable in capturing the small number of appointments to the Executive Category.

Appointments to the EX minus 1 and minus 2 level in the Administrative and Foreign Service Category (Temporary Measure no. 2)

The appointments as reported to the Canadian Human Rights Commission, in accordance with Temporary Measure No.2, were reasonably accurate for the period reviewed.

Acting Appointments (Temporary Measures no. 4 to 6)

The data, as reported to the Canadian Human Rights Commission on acting appointments, were few but reasonably accurate.

In our view, Health Canada could systematically utilize other types of acting appointments, those lasting less than 4-month duration, much more effectively as a corporate resource for developing future managers.

Selection Board Participation

Increased participation of visible minorities in selection boards is one of the recommendations in the action plan entitled, "Embracing Change" from the Treasury Board Task Force on the Participation of Visible Minorities in the Federal Public Service. The federal government has formally endorsed this plan in June 2000 and is in the process of implementing it. Given Health Canada's considerable experience on the participation of visible minorities on selection boards, we recommend that it maintain its lead by fine-tuning the process and set an example for other departments and agencies.

On the basis of our review, we found discrepancies that pointed to an understated participation rate in the report to the Canadian Human Rights Commission. However, our investigation showed that these discrepancies did not constitute a material difference in the participation rates but the process of data collection needs streamlining.

Based on an in-depth analysis of the composition of the boards, we found that the data produced by the current method paints an incomplete and possibly misleading picture of Health Canada's performance.

Health Canada should re-examine the method of reporting on the participation by numbers and percentages of visible minority board members. The focus should be solely on boards where members were chosen by senior management and the basis of reporting should be the frequency of boards that have a visible minority presence (representation) categorized by the size of the boards. This should enable Health Canada to identify the type of boards with high degrees of desired presence and boards with low presence.

Health Canada should undertake a study to determine reasons for the high and low frequencies of visible minority presence relative to the size of the selection boards and identify the best practices to aid its Human Resource Advisors and managers and pitfalls to avoid.

In the course of our review, we have noticed that there is currently no computerized list of eligible members who were members of visible minorities suitable and available for selection board duty. We understand that the current Task Force on Selection Boards, made up of a team of Human Resource Advisors and managers, is in the process of setting up such an inventory.

Training and Development

The process to gather data is reasonably effective, however, the program to generate reports needs some adjustments. The process to gather data from the regions is time-consuming and could leave room for error.

Discrepancies were found in the training report for the period covering April 1 to June 30, 2000. The discrepancy was an understatement of participants in the report to the Canadian Human Rights Commission and not considered material.

The omission of employees taking part in courses from sources other than Health Canada, such as CCMD, possibly understated the total efforts regarding management training with undetermined impact for visible minority employees.

It is recommended that the regions move to an on-line registration process and reporting system similar to the one established in the NCR and Manitoba.

APPENDIX

Some of the relevant documents reviewed during this assignment included:

- Bi-annual Work Force Analyses;
- Completed and confidential self-identification forms;
- Various reports generated from the PMIS;
- Staffing files, including screening reports, appointment letters, signed letters of acknowledgments and appreciation letters to selection board members;
- Staffing posters targeting visible minority candidates;
- Reports of Training Delivered;
- Training Session Attendance Sheets with participants' signatures;
- Analyses and comments from the Canadian Human Rights Commission;
- "A Mid-term Review" synopsis;
- "Employment Systems Review" excerpt;
- Draft documents relating to acting appointments; and,
- Draft documents relating to selection board members.

Health Canada Santé Canada

Audit and Accountability Bureau

Bureau de la vérification et de la responsabilisation

INTERNAL AUDIT REPORT

Audit of the Data Reported by Health Canada to the Canadian Human Rights Commission

August 2001

Canada

103-05715/

AUDIT REPORT

Audit of the Data Reported by Health Canada to the Canadian Human Rights Commission

August 2001

Audit Conducted by
Pau & Company
Under the Direction
of the
Audit and Accountability Bureau
Health Canada

Audit Chronolgy

Audit Examinations started	June 2000
Audit Examinations completed	October 2000
Draft Audit Report and Corrective Action Plan Accepted by to the Senior Assistant Deputy Minister	June 2001
Final Audit Report approved by the Chair, Audit and Evaluation Committee	August 2001

Table of Contents

1. INTRODUCTION.....1

2. METHODOLOGY..... 2

3. WORKFORCE REPRESENTATION DATA.....3

4. APPOINTMENTS TO THE EXECUTIVE CATEGORY.....5

5. APPOINTMENTS TO THE EX MINUS 1 AND 2 LEVELS
IN THE ADMINISTRATIVE AND FOREIGN SERVICE CATEGORY.....7

6. ACTING APPOINTMENTS.....9

7. SELECTION BOARD PARTICIPATION.....10

8. TRAINING AND DEVELOPMENT.....15

9. SUMMARY OF FINDINGS AND RECOMMENDATIONS..... 18

APPENDIX

Credits

This audit was conducted by **Pau & Company** under the direction of the Audit and Accountability Bureau. The departmental project manager was **Carolyn Jeffrey**, Senior Auditor, under the general direction of **Gordon Peters**, Director. The members of the audit team were as follows:

Henry K. Pau , Principal

Anne Marie Bourgault, Principal

1. INTRODUCTION

In September 1992, the National Capital Alliance on Race Relations lodged a systemic discrimination complaint with the Canadian Human Rights Commission against Health Canada under the *Canadian Human Rights Act*. Following an investigation by the Commission and, after a public hearing, the Canadian Human Rights Tribunal ruled in favour of the National Capital Alliance on Race Relations and ordered Health Canada to implement a number of corrective measures. The objectives of these measures, as stated in the Tribunal Order, were:

(i) to eliminate discriminatory employment barriers for visible minorities in Health Canada;

(ii) to remove discriminatory barriers to the full participation of members of visible minorities in the EX/Senior Management and in the Administrative & Foreign Service categories;

(iii) to ensure the maximum utilization of the knowledge, skills and expertise of members of visible minorities; and,

(iv) to redress the effects of past discrimination and to ensure that Health Canada's organizational structure more accurately reflects its diverse workforce and demographics.

The Tribunal further required Health Canada to report quarterly to the Canadian Human Rights Commission on its progress for a five-year period under Temporary Measure 18. This measure calls for the submission of a report to be filed, within 60 days after the end of every quarter, outlining:

i) The number and percentages of visible minority appointments to the EX/Senior Management and the Administrative and Foreign Service categories;

ii) The number and percentages of visible minority appointments to acting positions to the EX/Senior Management and the Administrative and Foreign Service categories;

iii) The number and percentages of members of visible minorities chosen to sit on selection boards; training sessions offered/delivered; feedback of participants; and, validation of training program content; and efforts made to recruit members of visible minorities for the EX/Senior Management and Administrative and Foreign Service categories for indeterminate and term positions during the previous quarter;

iv) A comparison of the participation rate of members of visible minorities in training and development activities to that of the Department's general employee population; and the specific steps being taken to ensure that the

Department's policies and practices are free of employment barriers.

Beginning on October 1, 1997, Health Canada has been providing quarterly reports to the Commission as required.

In June 2000, the Internal Audit Directorate, Corporate Services Branch, engaged Pau & Company Ltd. to review the quantitative data provided to the Canadian Human Rights Commission and to report on the following:

- the timeliness and accuracy of the various source documents used to provide departmental data;
- the methods used to accumulate and consolidate the data each quarter; and,
- the reconciliation process.

The scope of this assignment is limited to a review of the quantitative data reported by Health Canada to the Commission as required by Temporary Measure No. 18 of the Tribunal Order. No attempt was made to assess the extent of the Department's compliance with the intent or spirit of the Order.

2. METHODOLOGY

Temporary Measure 18, makes it quite clear that the Tribunal Order's reporting requirements are focussed on four areas:

- indeterminate appointments of members of visible minorities to the Executive Category and to the feeder groups at the EX minus 1 and minus 2 levels of the Administrative and Foreign Service Category;
- acting appointments for members of visible minorities to the above-mentioned categories in order to provide the necessary experience for advancement to senior levels;
- selection board participation by members of visible minorities; and,
- training and development activities for members of visible minorities to assist in their career advancement.

The above indicates that the primary concern is the first area described: the number of indeterminate appointments to the Executive Category and to the Administrative and Foreign Service Category at the EX minus 1 and minus 2 levels. The other three areas can be viewed as activities to support the primary concern of the Tribunal in ensuring that Health Canada achieves a representative workforce at the senior levels.

The review was conducted primarily in the National Capital Region with fieldwork in Toronto (Central Region) and Vancouver (Pacific Region). These three areas represent the highest concentration of visible minority employees at Health Canada.

Complete access to the Department's records was given during our review and cooperation from Health Canada's staff, especially those working in the human resources area, was total and well appreciated.

We also met with the officer from the Canadian Human Rights Commission responsible for monitoring compliance with the Tribunal Order to discuss their concerns with the quarterly reports.

The review commenced in July 2000 and continued through to October. Some delays were encountered due to annual vacations.

3. WORKFORCE REPRESENTATION DATA

As a first step in our review, we undertook to establish the reliability of the Employment Equity (EE) Database. Because it provides the basis for the reporting of visible minority data under the Tribunal Order, we regard it as the appropriate starting point.

The Process

The main source of Health Canada's designated group representation data is the self-identification survey form completed by Health Canada employees. The last survey was held in May 1998. Subsequent new employees to Health Canada's workforce are asked to complete and return a self-identification form upon appointment to the Department; completion is voluntary. Information from these forms is entered into an EE Database that is part of the Personnel Management Information System (PMIS). This database is kept strictly confidential and only accessible by a limited number of employees within the Human Resources Services Directorate. However, a number of individuals whose self-identification forms are recorded in the database had agreed to allow their designated group status to be revealed for planning and employment equity purposes. A list containing the names of those individuals is accessible to a larger population within the Human Resources Services Directorate for use in human resources planning and employment equity initiatives such as training and participation on selection boards.

In order to generate an up-to-date workforce representation list, the PMIS matches the data on employees in its database with the records in the EE Database for those who have self-identified. The EE Database also includes designated group members who:

- did not complete a new survey form in May 1998 but had already self-identified previously and whose completed forms were maintained on file;
- self-identified on their application for employment form; and
- were added after a reconciliation with Treasury Board Secretariat's EE Database.

The Review

We verified the data on 100 or 15% of the 657 members of visible minorities included in the EE Database as of June 30, 2000, directly to their signed and confidential self-identification form. The steps taken to establish the reliability of the EE Database included:

- reviewing all processes to include designated groups in the EE Database, as mentioned above;
- obtaining a list of all employees, including designated group employees, as of June 30, 2000;
- verifying the numbers for the total workforce and visible minority employees against the June 30, 2000 workforce analysis;
- randomly selecting self-identified visible minority employee names from the employee list obtained from the database and comparing these employees against their signed self-identification form;
- randomly selecting self-identification forms from members of visible minorities and tracing these to the EE Database to ensure their inclusion in the database;
- reviewing the self-identification forms of all EX visible minority employees, as of June 30, 2000; and,
- reviewing the data on approximately 10% of visible minority employees identified in the training report covering the April 1 to June 30, 2000 period.

Findings

The EE Database was found to be accurate and reliable. The forms are kept in a secure depository and the database is protected to maintain the strict confidence as required by the *Employment Equity Act*.

However, in a few instances, visible minority employees who had completed a self-identification form upon being appointed and were, therefore included in the EE Database, did not appear on the employee list generated by PMIS. Consequently, they are not included in the workforce analysis representation data. This delay in recording the employees in the PMIS was caused by the length of time it takes to complete the pay transfer documentation between departments which sometimes took months, we were told.

An example is a visible minority employee who was transferred to Health Canada in May 2000 and immediately completed the self-identification form. However, the pay transfer transaction was not completed until August. Consequently, this person was counted as a new appointment in the Canadian Human Rights Commission report but was not included in the representation of visible minority employees in the workforce analysis as of June 30, 2000.

This means that the report to the Canadian Human Rights Commission was correct insofar as appointments are concerned while the visible minority representation was understated at that point. Because this time lag will eventually correct itself, it is not deemed to be of serious consequence. Once the accuracy of this database was established, we relied on it for our subsequent work.

4. APPOINTMENTS TO THE EXECUTIVE CATEGORY

The Process

For this part of the review, we focussed on the data reported to the Canadian Human Rights Commission in respect of TM-1, "Appointments to the EX Category" during the second full year of compliance, i.e., from October 1, 1998 to September 30, 1999.

Staffing action involving the Executive Category remains the purview of the Public Service Commission, staffing records and data concerning this Category and are handled by the Executive Services and Priority Referral Clearance Centre within the Human Resources Services Directorate. For reporting purposes, data on staffing activities concerning the EX Category are forwarded by this unit to the Project Management Manager on a quarterly basis for assembly into the report to the Canadian Human Rights Commission.

As indicated earlier, the records in the PMIS are transaction-oriented and a time lag sometimes occurs that resulted in understating representation temporarily. Therefore, information from the PMIS is adjusted before being used for quarterly reporting.

The Review

During the second full year of compliance, Health Canada reported to the Canadian Human Rights Commission that there were 26 appointments to the Executive/Senior Management Category of whom 5 were members of visible minorities.

This information is confirmed by the Executive Services and Priority Referral Clearance Centre unit which provided us with a list of the 22 appointments to the EX Category and 4 appointments to the Senior Management (EX Equivalent) Category from October 1, 1998 to September 30, 1999. Among those listed were 5 visible minority appointees.

Our attempt to verify the list of 26 appointees by name against the publicly available information posted on the Internet under Government of Canada Electronic Directory Service\Health Canada, proved to be of no avail as the listing on the Internet at the time of the review was hopelessly out-of-date.

We then verified all 26 appointments against the PMIS and found a number of discrepancies due to timing differences. Subsequently we verified the respective appointment dates indicated on a more recent employees' list and found that these appointments were substantiated. We then traced the 5 visible minority appointees by name to their signed self-identification forms.

Findings

We find that the current process is reliable in capturing the appointments to the Executive Category.

During our review, we found that the 26 appointments to the EX and Senior Management Category, including the 5 members of visible minorities under TM-1 as reported to the Canadian Human Rights Commission, were fully substantiated. However, one appointee's designated group status required a follow-up as that individual came from another department and the self-identification form was not immediately filed. Nevertheless, this was rectified by a Human Resources Advisor and the data proved to be accurate and complete.

5. APPOINTMENTS TO THE EX MINUS 1 AND MINUS 2 LEVELS IN THE ADMINISTRATIVE AND FOREIGN SERVICE CATEGORY

The Process

Each quarter, the System Planning Administration and Research Division of the HR Services Directorate responsible for the PMIS, generates a quarterly summary report by Branch for the Project Management Manager who is responsible for compiling the reports to the Canadian Human Rights Commission. The manager circulated these back to the responsible branch Human Resources Advisors for verification and correction. Before compiling the report for submission to the Canadian Human Rights Commission, adjustments for transactions not reflected in the PMIS database were made. These involved primarily Career Assignment Program (CAP) candidates who were considered part of the feeder group to the EX Category or other transactions that were not recorded in the PMIS in time.

The adjusted information was then aggregated and assembled into the quarterly reports for the Canadian Human Rights Commission.

The Review

During the second full year of compliance, Health Canada reported to the Canadian Human Rights Commission that it made 84 appointments to the Administrative and Foreign Service Category at the EX minus 1 and minus 2 levels, 19 of whom were members of visible minorities.

We independently obtained a series of reports that were generated directly from PMIS for this period. These confirmed that 84 appointments took place during this period. All the staffing activities involving members of visible minorities, whether as appointees or selection board members, were earmarked for verification. Competition files for all staffing activities appointing members of visible minorities were examined, including those in Toronto and Vancouver. All visible minority appointees were checked against the EE Database for verification of their visible minority status and then traced directly to the self-identification forms bearing the member's signature.

Findings

Based on the above, we find that the 19 appointments which went to members of visible minority groups out of the total 84, as reported to the Canadian Human Rights Commission, were reasonably accurate. All 19 appointees were traced and verified against their signed self-identification forms.

In terms of gathering and preparing the information for the quarterly reports to the Canadian Human Rights Commission, we found the process to be cumbersome and time-consuming with much manual work that could be streamlined.

The basic source of data for reporting under temporary measures involving staffing actions such as TM-1 to TM-6, is the PMIS. It also forms the basis for reporting on selection board participation by members of visible minorities. As described above, a series of reports was generated listing all the activities under each measure, identifying the incumbents and specifying whether or not the individual is a member of a visible minority group. A separate set of reports was generated to cover selection board data. These reports were sent by the Manager of Project Management to all the responsible Human Resources Advisors at headquarters and in the regions for verification and confirmation. We found that quite often these reports came back with handwritten corrections or e-mails to reflect staffing actions that, for one reason or another, did not appear on the PMIS reports. These adjustments were then incorporated and the data aggregated manually to form the quarterly report for submission to the Canadian Human Rights Commission.

In one instance, we noticed that more than 40 electronic mail messages were used to communicate data information for the second quarter report alone. As well, it appeared to be a necessary process although fraught with frustrations.

While the reports were submitted to the Canadian Human Rights Commission on a timely basis, we found that regular reconciliations were not performed, nor were differences brought forward from one period to the next.

We also found that the PMIS has the potential of producing the reported data easily, if it was kept up-to-date and a systematic reconciliation process was incorporated in it. This could avoid a great deal of missing information that was reported orally or via electronic mail under the current arrangement.

Our view is that the detailed information from the PMIS could easily be generated in machine-readable format and manipulated electronically using an electronic spreadsheet. This could eliminate a great deal of manual work and facilitate a reconciliation process to improve accuracy.

Recommendation

We recommend that greater emphasis be placed on keeping the PMIS database up-to-date to avoid the need for consultations and verifications with responsibility centre staff every quarter and the manual adjustment process that followed.

We suggest that the print-outs from the PMIS be reformatted into electronic spreadsheets to facilitate the gathering, consolidation and report-generating efforts so that the manual process can be avoided.

We recommend the maintenance of continuous records of the reconciliation process to account for

any variances between the PMIS database records and adjustments for the data reported to the Canadian Human Rights Commission and that reconciling data and reports be carried forward from quarter to quarter.

6. ACTING APPOINTMENTS

The Process

This measure is intended to provide supervisory/managerial experience for visible minority employees to assist them in future advancement to management positions. As specified by the Tribunal Order, Health Canada is required to report on acting appointments lasting more than four months from the following feeder groups to the specified categories:

Temporary Measure	From	To Acting Appointments In
TM-3	S & P	EX/Senior Management Category
TM-4	A & FS	EX/Senior Management Category
TM-5	S & P	EX minus 3 and minus 4
TM-6	A & FS	EX minus 3 and minus 4

Note: S & P = Scientific and Professional Category
A & FS = Administrative and Foreign Service Category

The Review

Our review covered all the acting appointments reported during the second year of compliance as follows:

- under TM-3 (S&P to EX/Senior Management Category) Health Canada reported that four out of the six acting appointments under this measure went to visible minority employees. We reviewed the PMIS record and identified the four visible minority appointees. Each of them has been traced to the EE Database and verified;
- for TM-4 (A & FS to EX/Senior Management Category) , Health Canada reported six acting appointments of which one went to a member of a visible minority. The PMIS record confirmed this appointment and the identity of the visible minority employee has been tracked and matched on the EE Database;
- for TM-5 (S & P to EX minus 3 & 4), no acting appointments were reported; and,

- for TM-6 (A & FS to EX minus 3 & 4), ten acting appointments were reported with two members of visible minorities participating. The identities of the two visible minority employees have been verified with the EE Database.

Findings

The data reported to the Canadian Human Rights Commission on acting appointments contained relatively few appointments, but were reasonably accurate.

7. SELECTION BOARD PARTICIPATION

The Tribunal directed Health Canada, in Permanent Corrective Measure No. 2, as follows: "Where possible HC should use selection boards that are diverse in its composition." However, the Tribunal did not prescribe a participation rate as a benchmark for compliance.

Under the reporting requirements specified in TM-18, the Tribunal required the reporting of "the number and percentage of visible minorities chosen to sit on selection boards."

Health Canada has adopted a method for reporting on this measure which reflect the following "protocol":

- participation rates are computed on the total number of board members where one member's presence in a process involving one appointment counts as one participation. Where two appointments were made on the same competition, the participation of that board member counts as two in two processes and so on; and
- all appointments that do not normally require a full-fledged selection board are deemed to have a *de facto* selection board. Thus, one board member (single-member boards) was counted for each staffing processes that either did not call for a full-fledged selection board or did not require one. The rationale was that even though no multiple-member board was constituted and no board members were chosen, a manager had taken a decision and, in so doing, acted in a manner of a single-member selection board.

Health Canada has used this approach to report on selection board participation under each of the Temporary Measures to the Canadian Human Rights Commission. The quarterly data were reported on a non-cumulative basis.

The Process

Selection board data pertaining to Temporary Measure 1, Executive/Senior Management appointments, were collected by the Executive Services and Priority Referral Clearance Centre from the Public Service Commission which administers the competitions and appointments for the EX Category. For other types of appointments, the data were generated from the PMIS for the

Manager of Project Management who then circulated them to the respective responsible Human Resources Advisors for verification. The consolidation process for the quarterly report to the Canadian Human Rights Commission was done manually and no continuing reconciliation process was in place.

The Review

For our review, we have extracted the data on selection board participation under each of the Temporary Measures 1 to 6 from the four quarterly reports to the Canadian Human Rights Commission. These are reflected in the following table, followed by our comments on the review of each of the measures:

Selection Board Participation
October 1, 1998 to September 30, 1999

Temporary Measure	Selection Processes	Selection Board Members									
		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total	
		Total	VM	Total	VM	Total	VM	Total	VM	Total	VM
1	26	5	1	12	1	8	2	35	8	60	12
2	84	23	2	41	1	32	4	67	14	163	21
3	12	0	0	0	0	5	0	7	0	12	0
4	6	2	0	2	0	1	0	1	0	6	0
5	5	2	0	0	0	0	0	4	0	6	0
6	9	5	1	3	0	2	0	3	0	13	1
All	142	37	4	58	2	48	6	117	22	260	34

Temporary Measure 1

For TM-1, which are appointments to the Executive/Senior Management Category, as reported by the Executive Services and Priority Referral Clearance Centre, all 12 visible minority participants were either verified against the EE Database at Health Canada or, for visible minority board members who were not Health Canada employees, based our personal knowledge of the two individuals involved.

Temporary Measure 2

For selection boards under this measure, we encountered discrepancies when we independently called up data from the PMIS Database. We found that PMIS showed only 142 board members among 78 selection processes compared with 163 members on 84 selection process as reported to the Canadian Human Rights Commission. Our examination also revealed that 10 of the selection processes recorded on PMIS showed "NO SELECTION BOARD ON FILE".

We were able to access the ten staffing files to re-construct the missing information. This effort established that these files should have reflected 13 board members with no visible minority

participation among them. This adjustment brought the total to 156 with 23 visible minority participations. We were informed that the difference in the number of staffing processes was due to the likes of CAP assignments which were outside of the PMIS records. While this is reasonable, the two extra visible minority participations shown by the PMIS records were not accounted for as the manual records did not provide sufficient details. Nevertheless, the 23 visible minority participants reported on the PMIS were traced to the EE Database for verification.

Due to the large number of boards in TM-2 and the extensive efforts involved in data compilation, we conducted a more in-depth analysis to ascertain the accuracy and the utility and effectiveness of this process. We noted that the current method of reporting the data by Health Canada focused on the aggregate number of board members even in those instances where staffing was done without a multiple member selection board. The auditors compiled the following table as another means of providing selection board composition to the CHRC:

TM-2 Selection Board Composition by Size for year 2

Board Size (members)	Number of Boards	Total Members	VM Members	% of VM Members	% Boards with VM
1	33	33	0	0.0%	0%
2	18	36	1	2.8%	6%
3	21	63	18	28.6%	85%
4	6	24	4	16.7%	67%
Total	78	156	23	**14.7%**	**30%**
Total of Boards with 2+ members				**18.7%**	**51%**
Total of Boards with 3+ members				**25.3%**	**81%**

First, under Health Canada's current method of counting, one board member was counted for each staffing process that either did not call for a full-fledged selection board, or did not require one. According to PMIS, this type of situation occurred 33 times as shown above. These included activities such as deployments, appointments from an eligibility or priority list, appointments without competition (open to appeal) and appointments under special programs such as the Aboriginal Career Development Initiative "ACDI". In our view, these boards do not fit in with the Tribunal's expressed concern with selection boards that presuppose a choice of members by senior management. Two-member boards are also somewhat questionable, although we did not look into them.

Thus, while the current method of reporting selection board participation adopted by Health Canada showed an average participation rate of 14.7% counting all the single-member boards, the method shown above would show the participation rate to be 18.7% by discarding single-member boards. If we only counted boards with three or more members, as found in the more common competitive process, the rate rose to 25.3%.

For another perspective on board participation, we looked at the "number of boards" to see how

many had a visible minority presence, by looking at the composition of each board as a means of reflecting the Tribunal's concern and intention. As shown on the last column of the foregoing table, Health Canada's performance was in fact quite impressive for having a visible minority presence on selection boards that had three or four members, with percentages of 85% and 67% respectively as shown in the table above.

Temporary Measures 3 to 6

For acting appointments under these measures, the one visible minority participant among 37 board members was successfully traced to the EE Database.

Findings

On the basis of our review, we found discrepancies that pointed to an understated participation rate in the report to the Canadian Human Rights Commission. However, our investigation showed that these discrepancies did not constitute a material difference in the participation rates but the process of data collection needs streamlining.

We found that the data produced by current method of reporting painted an incomplete and possibly misleading picture of Health Canada's performance. Our in-depth analysis of TM-2 selection board composition found that Health Canada had in fact already achieved a high degree of visible minority presence among its multiple member selection boards and that this fact has been obviated under the present method of compiling the data. This is seen in the following table in respect of Temporary Measure 2 pertaining to the appointment of EX minus 1 and 2 positions.

We believe that a different method of reporting, focusing on the frequency of visible minority representation on selection boards (by board size) would be more meaningful, as shown below:

SELECTION BOARD COMPOSITION: TM-2 for Year 2

Size of Selection Boards	Selection Boards with Visible Minority Presence	% of Selection Boards with Visible Minority Presence
Single member*	0 among 33	0%*
Two members *	1 among 18	6% *
Three members	18 among 21	85%
Four members	4 among 6	67%

* Probably did not involve choice of members.

While the foregoing analysis focused on the composition of selection boards under TM-2 (appointments at the EX minus 1 and 2 levels), the composition of selection boards for TM-1 (appointments to the Executive/Senior Management Category) showed a similar pattern.

We have not found a computerized inventory of suitable members of visible minorities available for selection board duty. However, listings of potential board members with language results and bias-free info are produced on a quarterly basis and distributed to all HR Directors. We are satisfied that a Task Force on Selection Boards, made up of a team of human resource and informatics managers, is in the process of testing a computerized inventory that Human Resource Advisors can eventually call on.

We were informed that visible minority selection board members might not be as readily available as others. We noted that in the fourth quarter, for example, 5 visible minority members sat on 8 boards, with one participating on three separate boards in three months. In other cases, some members of visible minorities expressed concern about last minute calls and inadequate time to properly prepare to serve on some boards. These and other problems such as "board-fatigue" are undoubtedly the type of issues that the newly-created internal "Task Force on Selection Boards" would be addressing.

We found an instance where a visible minority board member who was not a Health Canada employee self-identified on an Application Form for Employment in one of the competition files we examined. We note that the lack of proper forms for board members from outside of Health Canada to self-identify is an issue that is among those being addressed by the "Task Force on Selection Boards" at Health Canada.

Recommendations

Increased participation of visible minorities in selection boards was one of the recommendations in the action plan: "Embracing Change" from the Treasury Board Task Force on the Participation of Visible Minorities in the Federal Public Service which has now been formally adopted by the federal government in June 2000. Given Health Canada's considerable experience on this matter, we recommend that it should maintain its lead by fine-tuning the process.

Health Canada should re-examine the current method of reporting on the participation numbers and percentages of visible minority board members. The reporting basis should be the frequency of visible minority representation on selection boards of various sizes.

Further research could focus on the type of boards with high degree of desired presence to identify the "best practices" and apply these to selection boards with low presence as remedial action.

An inventory of qualified potential selection board members belonging to visible minority groups should be established expeditiously.

The PMIS should become the central repository of up-to-date and comprehensive data for

selection boards. Periodic reviews and regular reconciliations of the relevant data for reporting purposes should be undertaken and proper records maintained.

8. TRAINING AND DEVELOPMENT

The Process

The Tribunal Order requested that Health Canada provide them with "a comparison of the participation rate of members of visible minorities in training and development activities to that of the Department's general employee population" as part of their quarterly report. This measure is a supporting activity aimed at providing visible minority employees with training and development opportunities that will enable them to acquire some of the skills required for advancement to management jobs.

The Canadian Human Rights Commission and Health Canada had, for the purpose of monitoring compliance, agreed upon the courses to be reported on and grouped these courses under 13 themes. All the courses agreed upon are delivered by Health Canada and do not include courses delivered by third parties, such as the Canadian Centre for Management Development (CCMD). The courses agreed upon also do not include those not considered relevant to the purpose of this measure, such as, word-processing.

Employees registering for training and development courses in the National Capital Region and Manitoba do so through an on-line system. This system also includes a self-identification screen for designated group members, which can only be viewed by those responsible for EE data. Participant lists, for specific courses, are drawn up from the information on the on-line system prior to the course date and at the course site, participants are asked to sign attendance sheets. These sheets are then sent to the Learning Centre d'apprentissage systems co-ordinator who reconciles the information for each course taking into account "no shows" and substitutes.

Reports for the Canadian Human Rights Commission are generated by matching the Learning Centre d'apprentissage data system to the EE Database thereby identifying designated group members and calculating their participation rate.

In the regions, with the exception of Manitoba, registration statistics are gathered manually and forwarded to Human Resources at headquarters for inclusion in the training report. Headquarters human resources staff verify all course participants to ascertain whether or not they are members of designated groups. They then manually incorporate regional data into training reports.

The Review

Our review of the accuracy of the training data covers the period April 1 to June 30, 2000. This period was chosen because of the need to verify information on specific courses and attendance with training officers who are more familiar with recent data and training events. We also selected data for one quarter as a significant number of courses were delivered in that period.

The review of the accuracy of the training data included the following:

- a review of the process in the NCR and regions;
- verification of the training lists in Toronto and Vancouver;
- verification of data received from regions and incorporated into quarterly training reports;
- request for special report for the quarter being reviewed by course title and by date in the NCR;
- review of course participant attendance lists against the NCR report by course title and date;
- comparison of names in reports by course title and date to the reports generated by theme and branch used for the quarterly report;
- accuracy of cumulative data from last quarter to the one under review; and,
- review of self-identification forms for selected visible minority employees identified in reports.

Findings

For our review, we asked for a print-out of the NCR courses and participants for the period April 1 to June 30, 2000. It showed 683 course participants while the report used for the quarterly report to the Canadian Human Rights Commission showed 633, representing a variance of 50 participants.

HR personnel undertook an investigation of this variance. A sample review of 10 (or 20%) of the discrepancies found that five of them were not employees (students, agency personnel, etc); three were attributable to errors within the system and 2 were course participants who registered using the wrong PRI. Theses individuals were, therefore, not included in the report generated for the Canadian Human Rights Commission. Discarding participants who were not employees, , this discrepancy represented an under-reporting of course participants of about 4% to Canadian Human Rights Commission during this review period. While the precise impact on visible minority participation of this under-reporting is not known, the magnitude of the error is not considered to be material and is on the conservative side. For these reasons, we have decided not to pursue this matter any further.

Overall, the process to gather basic data is reasonably effective, however, the program to generate the reports needs some adjustments to improve accuracy. The current process of consolidating data from the regions is time-consuming and could leave room for error.

Discrepancies were also detected in the data provided to Headquarters staff by the Central Region and the report to the Canadian Human Rights Commission. However, after further review, it was found that employees from the Central Region had, in fact, attended the courses in the NCR and

the Central Region report had reflected that.

The omission of employees taking part in courses from sources other than Health Canada, such as CCMD, possibly understates the total efforts regarding management training but the impact for visible minority employees is unknown.

Recommendations

It is recommended that the regions adopt an on-line registration process and reporting system similar to the one established in the NCR and Manitoba.

9. SUMMARY OF FINDINGS AND RECOMMENDATIONS

Workforce Representation Data

The EE Database was found to be accurate and reliable. The forms are kept in a secure depository and the database is protected to maintain the strict confidence required by the *Employment Equity Act*.

However, in a few instances, visible minority employees who had completed a self-identification form upon being appointed did not appear on the employee list generated by PMIS due to the length of time it took to complete the pay records.

Quarterly Data Collection and Aggregation (Temporary Measure no. 1 to 6)

The current method of gathering and consolidating data involved a very cumbersome and time-consuming process. While the detailed information is generated from the PMIS, any further processing has been done by hand on a quarterly basis.

Reconciliations were not performed or brought forward from one period to the next.

We recommend that greater emphasis be placed on keeping the PMIS database complete, up-to-date and capable of providing accurate data for the quarterly reports without extensive adjustments and cross-references with responsibility centre staff.

We would suggest that the reports from the PMIS be reformatted into electronic spreadsheets to facilitate the gathering, consolidation and report-generating efforts so that the manual process can be avoided.

We recommend the maintenance of continuous records of the reconciliation process to account for any variances between the PMIS database records and adjustments for the data reported to the Canadian Human Rights Commission.

Appointments to the Executive Category (Temporary Measure no. 1)

We find that the current process is reliable in capturing the small number of appointments to the Executive Category.

Appointments to the EX minus 1 and minus 2 level in the Administrative and Foreign Service Category (Temporary Measure no. 2)

The appointments as reported to the Canadian Human Rights Commission, in accordance with Temporary Measure No.2, were reasonably accurate for the period reviewed.

Acting Appointments (Temporary Measures no. 4 to 6)

The data, as reported to the Canadian Human Rights Commission on acting appointments, were few but reasonably accurate.

In our view, Health Canada could systematically utilize other types of acting appointments, those lasting less than 4-month duration, much more effectively as a corporate resource for developing future managers.

Selection Board Participation

Increased participation of visible minorities in selection boards is one of the recommendations in the action plan entitled, "Embracing Change" from the Treasury Board Task Force on the Participation of Visible Minorities in the Federal Public Service. The federal government has formally endorsed this plan in June 2000 and is in the process of implementing it. Given Health Canada's considerable experience on the participation of visible minorities on selection boards, we recommend that it maintain its lead by fine-tuning the process and set an example for other departments and agencies.

On the basis of our review, we found discrepancies that pointed to an understated participation rate in the report to the Canadian Human Rights Commission. However, our investigation showed that these discrepancies did not constitute a material difference in the participation rates but the process of data collection needs streamlining.

Based on an in-depth analysis of the composition of the boards, we found that the data produced by the current method paints an incomplete and possibly misleading picture of Health Canada's performance.

Health Canada should re-examine the method of reporting on the participation by numbers and percentages of visible minority board members. The focus should be solely on boards where members were chosen by senior management and the basis of reporting should be the frequency of boards that have a visible minority presence (representation) categorized by the size of the boards. This should enable Health Canada to identify the type of boards with high degrees of desired presence and boards with low presence.

Health Canada should undertake a study to determine reasons for the high and low frequencies of visible minority presence relative to the size of the selection boards and identify the best practices to aid its Human Resource Advisors and managers and pitfalls to avoid.

In the course of our review, we have noticed that there is currently no computerized list of eligible members who were members of visible minorities suitable and available for selection board duty. We understand that the current Task Force on Selection Boards, made up of a team of Human Resource Advisors and managers, is in the process of setting up such an inventory.

Training and Development

The process to gather data is reasonably effective, however, the program to generate reports needs some adjustments. The process to gather data from the regions is time-consuming and could leave room for error.

Discrepancies were found in the training report for the period covering April 1 to June 30, 2000. The discrepancy was an understatement of participants in the report to the Canadian Human Rights Commission and not considered material.

The omission of employees taking part in courses from sources other than Health Canada, such as CCMD, possibly understated the total efforts regarding management training with undetermined impact for visible minority employees.

It is recommended that the regions move to an on-line registration process and reporting system similar to the one established in the NCR and Manitoba.

APPENDIX

Some of the relevant documents reviewed during this assignment included:

- Bi-annual Work Force Analyses;
- Completed and confidential self-identification forms;
- Various reports generated from the PMIS;
- Staffing files, including screening reports, appointment letters, signed letters of acknowledgments and appreciation letters to selection board members;
- Staffing posters targeting visible minority candidates;
- Reports of Training Delivered;
- Training Session Attendance Sheets with participants' signatures;
- Analyses and comments from the Canadian Human Rights Commission;
- "A Mid-term Review" synopsis;
- "Employment Systems Review" excerpt;
- Draft documents relating to acting appointments; and,
- Draft documents relating to selection board members.